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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

10/759661

Filing Date

1/16/04

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        | * May be used for additional claims or amendments |        | * May be used for additional claims or amendments |        | * May be used for additional claims or amendments |        |
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| Total  |          |        |                       |        |                        |        |   |        |   |        |   |        |
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| Depend | 24       |        |                       |        |                        |        |   |        |   |        |   |        |
| Total  |          |        |                       |        |                        |        |   |        |   |        |   |        |
| Claims | 27       |        |                       |        |                        |        |   |        |   |        |   |        |

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